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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 049800003	(	CITY OR TOWN HARDW	ICK
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: HARDWICK	HOUSE OF PIZZA, INC.		
DOING BUSIN	ESS A			
ADDRESS 76 N	MAIN STREET			
CITY/TOWN:	HARDWICK	STATE: MA	ZIP CODE: 01037	
MANAGER:	NASSIOS, ATHENA	TYPE OF LICENSE: Resta	aurant CATEGORY	: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	OF LICENSED PRE			
DINING ROOM	M WITH BOOTHS F	OR SEATING, KITCHEN	CONSIST OF A COMFORT WITH OVENS AND COOK OR STORAGE AND REST R	ING
I hereby certify	and swear under pena	llties of perjury that:		
1. the re	enewed license will b	e of the same type for the s	ame premises now licensed;	
2. the li	icensee has complied	with all laws of the Commo	onwealth relating to taxes; and	1
3. the p	remises are now oper	n for business (If not explain	n below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpor	ate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
<b>Acts of 2004, s</b>	igned by the buildin	g inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 1	ne above
Please Check Belov	<u>v:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 049800006		CITY OR TOWN	HARDWIC	CK
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	DUNROAMIN CO	UNTRY CLUB INC	<b>C.</b>		
DOING BUSINESS	A				
ADDRESS 262 LOV	WER ROAD				
CITY/TOWN: HAI	RDWICK	STATE: MA	ZIP CODE:	01037	
MANAGER: STA	ITI, ANTHONY TYF	PE OF LICENSE:Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
CELLAR FLOOR, F I hereby certify and s 1. the renew 2. the licens	PLEASE ALSO VISIT OUR WE LICENSED PREMIS FOUR ROOMS, PAT swear under penalties red license will be of the ee has complied with ses are now open for Individual, Partner	SES: IO AND LAWN of perjury that: the same type for the all laws of the Com	same premises now monwealth relating t ain below)		
DATE:  We the undersigne	TELEPHON: d, attest that we are	E NUMBER:  in possession (1) th	(Note: NOT In	R IDENTIFICAT dividual Social S	ecurity Number)
Acts of 2004, signed	d by the building ins (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY



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LICENSE NU	MBER: 049800007		CITY OR TOWN HAR	DWICK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE N.	AME: JOHN J. WE	EIR POST #246 AM.LEG.B	LDG.ASSOC.INC.	
DOING BUSI	NESS A			
ADDRESS 14	PROSPECT ST.			
CITY/TOWN:	HARDWICK	STATE: MA	ZIP CODE: 0103	37
MANAGER:	SZCZEPANEK, JOSEPH	TYPE OF LICENSE: Gen	neral on CATEGO mise	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
-	N OF LICENSED PI			
A TWO STOR DOWNSTAIR		H DRINKS BEING SERVE	D IN THE THE MAIN H	ALL
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now license	ed;
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes	; and
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, P	Partner or Authorized Corpo	rate Officer	
DATE:	TELEI	PHONE NUMBER:		IFICATION NUMBER:
			(Note: <b>NOT</b> Individual S	social Security Number)
		we are in possession (1) the ing inspector and the head		
named licensof 2010.	e and (2) the certific	eate of liquor liability insur	rance required by Chapte	er 116 of the Acts
Please Check Bel			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	a explain)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 049800010		CI	TY OR TOWN	HARDWIC	CK
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	SED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A			CKAGE S	T∩RF		
ADDRESS 232 MAII		CWINCIELI WII	JAMOLD	TOKE		
		CTATE.	MA	ZID CODE.	01027	
CITY/TOWN: HAR		STATE:	MA	ZIP CODE:	01037	
MANAGER: HANS	S, SATNAM	TYPE OF LICEN	SE:Packag	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF I						
FREIGHT DELIVER THROUGH THE FR			RIGHT FR	RONT. EXITS A	ND ENTRAI	NCES
I hereby certify and sv	wear under pena	alties of perjury tha	t:			
1. the renewe	ed license will b	e of the same type	for the sar	ne premises now	licensed;	
2. the license	e has complied	with all laws of the	e Common	wealth relating to	taxes; and	
	_	n for business (If no		_		
SIGNED BY						
	Individual, Pa	rtner or Authorized	l Corporate	e Officer		
DATE:	TELEPI	HONE NUMBER:		EMPLOYER	DENTIFICAT	ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			ī	LOCAL LICENS	ING AUTHO	) DITV
APPROVED:				By:	ING AUTIN	JKIT I
DISAPPROVED:			•			
(If disapproved explain	in)		-			
			-			
			-			
DATE:						



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LICENSE NUM	MBER: 049800012		CITY OR TOWN	HARDWICK	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
DOING BUSIN	ME: SOUTH BARRE R NESS A 26 BARRE ROAD	OD & GUN CLUB			
CITY/TOWN:	HARDWICK	STATE: MA	ZIP CODE:	01037	
	MORRISON, PAUL TYF	PE OF LICENSE: Clu	b C.	ATEGORY: All Alcohol	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMIS	SES:			
	Y WOODEN FRAME BL T (HANDICAP RAMP), W			EXITS LOCATED	
I hereby certify	and swear under penalties	of perjury that:			
1. the r	renewed license will be of	the same type for the	same premises now	licensed;	
2. the 1	icensee has complied with	all laws of the Comn	nonwealth relating t	o taxes; and	
3. the p	premises are now open for	business (If not expla	in below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpo	rate Officer		
					1
DATE:	TEI EPHON	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:	
	TEEEI HOIV	E NOMBER.	(Note: NOT Inc	dividual Social Security Number)	
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	spector and the head	of the fire depart		
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVE	D:		•		
(If disapproved	explain)				
DATE:					
DATE.					



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LICENSE NUI	MBER: 049800013	(	CITY OR TOWN HARDW	ICK
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: HARDWICK	ROD & GUN CLUB, INC.		
DOING BUSIN	NESS A			
ADDRESS TH	RESHER ROAD			
CITY/TOWN:	HARDWICK	STATE: MA	ZIP CODE: 01037	
MANAGER:	DUNBAR, DONALD R.	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	N OF LICENSED PR			
	Y BLDG. ON TOP O N THE FIRST AND S		LAR, TWO ENTRANCE AN	ND EXITS
I hereby certify	and swear under pen	alties of perjury that:		
1. the 1	renewed license will	be of the same type for the sa	ame premises now licensed;	
2. the 1	licensee has complied	d with all laws of the Commo	onwealth relating to taxes; and	i
3. the 1	premises are now ope	en for business (If not explain	n below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpora	nte Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	i Security Number)
Acts of 2004,	signed by the building	ng inspector and the head o	certificate required by Chap of the fire department for the nnce required by Chapter 1	ie above
Please Check Belo	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
OISAPPROVE				
(If disapproved	слріані)			
			-	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04980	00021	CITY OR TOWN HARDY	VICK
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: AUD	REY D. SAMEK		
DOING BUSINESS A HA	RDWICK VINEYARDS & WI	NERY	
ADDRESS 3305 GREENW	VICH RD		
CITY/TOWN: HARDWIC	STATE: M	A ZIP CODE: 01082	
MANAGER:	TYPE OF LICENSE:	Innholder CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICEN			
FOUR STORY BUILDING	G, THREE ENTRANCES AND	EXITS	
			_
•	nder penalties of perjury that:	4	
	**	the same premises now licensed;	. A
	•	ommonwealth relating to taxes; an	10
5. the premises are	now open for business (If not ex	xpiam below)	
SIGNED BY			
	vidual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Soci	al Security Number)
We the undersioned attes	et that we are in nossession (1)	the certificate required by Cha	enter 304 of the
		ead of the fire department for t	
named license and (2) the of 2010.	certificate of liquor liability in	nsurance required by Chapter 1	116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUT	THORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 049800022		CITY OR TOWN	N HARDWIL	∠ <b>N</b>
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	HARDWICK GENE A HARDWICK PRO		C.		
ADDRESS 1839 LC	OWER ROAD				
CITY/TOWN: HA	RDWICK	STATE: MA	ZIP CODE:	01031	
	STMAN, TYPE LIAM	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	ES:			
24 X32 POST AND PORCH, EXIT OUT	BEAM COUNTRY ST FBACK DOOR	ΓORE. ENTRANC	E FROM PARKIN	NG LOT THRO	OUGH
I hereby certify and	swear under penalties o	f perjury that:			
1. the renew	ved license will be of th	e same type for the	e same premises no	w licensed;	
2. the licens	see has complied with a	ll laws of the Com	monwealth relating	g to taxes; and	
3. the premi	ises are now open for b	usiness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:			EMBLOW	ED IDENTIFICAT	EION NII IMPER
DATE.	TELEPHONE	NUMBER:		ER IDENTIFICAT Individual Social S	
			(****** <u>=-==</u> /	marviadar Boeiar E	reality (valided)
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	 ain)				
·F110.00 onbi	·· ,				
DATE:					



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LICENSE NUMBER: 049800024	•	CITY OR TOWN HARDY	VICK
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: EAGLE HII DOING BUSINESS A EAGLE H	ILL SCHOOL	INC.	
ADDRESS 242 OLD PETERSHA	M ROAD		
CITY/TOWN: HARDWICK	STATE: MA	ZIP CODE: 01031	
MANAGER: MC DONALD,PETER	TYPE OF LICENSE: Gene J. pren		Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI DESCRIPTION OF LICENSED P A 6,000 SQ. FT. BANQUET HAL FT. CAFÉ.			7.950 SQ.
2. the licensee has compli	l be of the same type for the s ed with all laws of the Commo pen for business (If not explai	onwealth relating to taxes; ar	nd
SIGNED BY Individual,	Partner or Authorized Corpor	rate Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	of the fire department for t	the above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NU	MBER: 049800025	•	CITY OR TOWN HARDWI	CK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: ROSE 32 BR	EAD		
DOING BUSI	NESS A			
ADDRESS 41	2 MAIN STREET			
CITY/TOWN:	: HARDWICK	STATE: MA	ZIP CODE: 01031	
MANAGER:	MITCHELL, GLENN	TYPE OF LICENSE: Gene prem		Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	<u> </u>
DESCRIPTIO	N OF LICENSED PR	REMISES:		
	FRAME BUILDING PED BAKERY/SAND		STATIONFULLY RENOV.	ATED
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the s	same premises now licensed;	
2. the	licensee has complied	d with all laws of the Comme	onwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not explai	n below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpor	ate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	certificate required by Chap of the fire department for the ance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 049800026		CITY OR TOWN	HARDWIC	K	
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13	
		CLASS		•	YEAR	
LICENSEE NA	AME: CLOVER HIL	L COUNTRY STOR	E INC.			
DOING BUSIN	NESS A CLOVER HI	ILL COUNTRY STO	RE INC.			
ADDRESS 183	39 LOWER ROAD					
CITY/TOWN:	HARDWICK	STATE: N	MA ZIP CODE:	01031		
MANAGER:	MANCINI, STEVEN C.	TYPE OF LICENSE	E:Package Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:						
			WO EXITS; TOTAL SQ	) FT 1456		
	and swear under pena		r the same premises now	licansad:		
		* *	Commonwealth relating to			
	premises are now open		•	rtuxes, und		
	-		<u> </u>			
SIGNED BY						
	Individual, Pa	rtner or Authorized C	Corporate Officer			
D						
DATE:	TELEPI	HONE NUMBER:		IDENTIFICATI		
			(Note: <u>NOT</u> Indi	viduai Sociai Se	curity Number)	
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVE (If disapproved						
(11 disappioved	capiani)				_	
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 049800027		CITY OR TOWN	HARDWICK
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ALAN MOL	IN		
DOING BUSINESS	A MOLIN FA	IRM		
ADDRESS 1773 PE	TERSHAM RO	OAD		
CITY/TOWN: HA	RDWICK	STATE: M	A ZIP CODE:	01031
MANAGER: MOI	LIN, ALAN	TYPE OF LICENSE:	Package Store C	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF				
	AND A SIDE D	CH SELLS LOCAL ITE OOR FACING SOUTH HOURS		
I hereby certify and s	swear under per	nalties of perjury that:		
1. the renew	ved license will	be of the same type for	the same premises now	licensed;
	_	d with all laws of the Co	_	o taxes; and
3. the premi	ses are now op	en for business (If not ex	(plain below)	
SIGNED BY	Individual P	artner or Authorized Co	rnorate Officer	
	marviduai, i	arther of Authorized Co	iporate Officei	
DATE:	TELEI	PHONE NUMBER:	EMPLOYEI	R IDENTIFICATION NUMBER:
	IELEI	HONE NUMBER.		lividual Social Security Number)
Please Check Below: APPROVED:				SING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	ain)		-	
DATE:				